PLEASE TYPE OR PRINT

Ms. Mr. Artist	THERESA &	ELLERBRO	(Last Name Last)		
Permanent Address 120	24 MAYFIEL Street	D ROAD	CLEUELAND		
44106	Tel. ()	216-42	1-3644		
Zip	Area Code				
Temporary Address					
	Street		City		
	Tel. ()				
Zip	Area Code				
Permanent address is in what county? CUYAHOGA					
Born in Cuyahoga County 🔲 Yes 🔀 No					
Collaborator	(If Any)				
If entries are not accepted or not sold: Artist will pick up entries at Museum. Museum should dispose of entries.					
Museum s	should ship entries t	o artist C.O.D	o. at this address:		

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Thereon Ellebrock

			•			
CATEGORY □ 1. Paintings □ 2. Graphics □ 3. Photography ENTRY ONE 【□ 4. Sculpture □ 5. Electric □ 6. Crafts						
Medium or Mate	rials					
WOOD & RUBBER						
Title						
LINKS IN MY BREEZE						
Price or NFS	Insurance Va	Insurance Value Size				
NFS	#3M	#3m nn		34" x 12"		
INFO	GRAPHICS	AND PHOTOGR	APHY ONLY			
Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frames	Additional No. of Frames For Sale		
DO NOT	WRITE IN THIS	SECTION	ACCEPTED	REJECTED		
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CATEGORY 1. Paintings 2. Graphics 3. Photography ENTRY TWO 4. Sculpture 5. Electric 6. Crafts						
Medium or Mate	erials					
Title						
Price or NFS	Insurance Va	lue	Size			
GRAPHICS AND PHOTOGRAPHY ONLY						
Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frames	Additional No. of Frames For Sale		
DO NOT WRITE IN THIS SECTION			ACCEPTED	REJECTED		
			RECEIVED	BY		

1973 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	THERESA ELLERBROCK
Address	12024 MAYFIELD ROAD APT, 5
City & State	CLEUELAND, OHIO Zip 44106

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

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Medium or Materials					
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THERESA ELLERBROCK		8 20			
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This is your only receipt to claim your object(s).					
This notification will be mailed to you following judging.					
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